

CLAIMS ONLY							Application Number <b>10694395</b>	Filing Date
							Applicant(s)	
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1							
2		1						
3		1						
4		1						
5		1						
6	1							
7		1						
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12	1							
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47								
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49								
50								
Total Indep	4							
Total Depend	8							
Total Claims	12							